| ar ==== | for | the calendar year Janu | poration Income T uary 1, 2003 through Decem other taxable year and ending | | _ | _ |
|---|---|---|---|-------------------------|-----------------|--------|
| nebraska department of revenue | | | PLEASE DO NOT WRITE | N THIS SPACE | | |
| | | | | | | |
| E Name | | | | | | |
| Street or Other Mailing Address | | | | | | |
| City | State | Zip Code | Check here if you ne | | • | rom |
| Business Classification Code Da | ate Business Began in Nebraska | Federal Identifica | | Nebraska Identi 24 — | fication Number | |
| Check applicable box(es): | (2) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | , | | | |
| (1) Initial Return (2) Final Return Do not file if all | urn (3) Amended Retur shareholders are Nebraska re | rn: Reason for Amending esidents and all inco | | | Form 3800N At | tached |
| 1 Ordinary income (line 21, Fede | oral Form 11205) | | | 1 | \$ | |
| i Ordinary income (line 21, rede | airoiiii 11205) | | | 1 | | +- |
| 2 Nebraska adjustments increas | ing ordinary income (line | 9, Schedule II) | | 2 | | |
| 3 Line 1 plus line 2 | | | | 3 | | - |
| 4 Nebraska adjustments decreas | sing ordinary income (line | e 20, Schedule II) | | 4 | | - |
| 5 Nebraska adjusted income (lin | e 3 minus line 4) | | | | \$ | |
| 6 Income reported to Nebraska | | | | 6 | Ψ | |
| 7 Demonstrate communication becomes | | loss, omit lines 7 th | | 0/ | | |
| 7 Percent of ownership by nonre8 Percent of ownership by nonre | | | | % | | |
| Nebraska Nonresident Income 9 Percent of taxable income sub | | | | % | | |
| | | , | <u> </u> | | \$ | |
| 10 Income subject to withholding | 10 | | | | | |
| 11 Nebraska income tax withheld | for nonresident sharehole | ders (multiply line | 10 by .0684) | 11 | | - |
| 12 Recapture of 3800N credit | | | | 12 | | - |
| 13 Total of lines 11 and 12 | | | | 13 | | |
| 14 Tax deposited with Form 7004 | 14 | | | | | |
| 15 TAX DUE if line 13 is greater the | 15 | | | | | |
| 16 Overpayment if line 14 is great | 16 | | | | | |
| 17 Amount on line 16 you want credited to 2004 estimated tax | | | | | | |
| 18 Overpayment to be REFUNDE | ED (line 16 minus line 17) | | | 18 | \$ | |
| Under penalties of perj | iury, I declare that as taxpayer or pre | eparer I have examined th | | | | - |
| sign | , <u> </u> | , | | | | |
| here Signature of Officer | | Date | Signature of Preparer O | ther than Taxpay | yer Date | |
| | | | | | | |

A COPY OF THE FEDERAL RETURN AND SUPPORTING SCHEDULES MUST BE ATTACHED TO THIS RETURN
Mail this return and payment to: NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 94818, LINCOLN, NE 68509-4818
Visit our Web site: www.revenue.state.ne.us, or call 1-800-742-7474 (toll free in NE and IA) or 1-402-471-5729.

Address

Phone Number

Phone Number



S CORPORATION WITH INCOME DERIVED FROM SOURCES BOTH WITHIN AND WITHOUT NEBRASKA

NEBRASKA SCHEDULE I — Apportionment of Income

• If you use this schedule, read instructions

FORM 1120-SN

| Nar | ne as Shown on Form 1120-SN | oncaai | c, read matructions | | braska Identification Numb | per |
|-----|--|----------|----------------------|-----|----------------------------|-------------------------------------|
| | | | | 24 | l — | |
| 1 | Nebraska adjusted income (line 5, Form 1120-SN) | | ····· | | 1 | |
| 2 | Nebraska apportionment factor (line 13 below) | | 2 | | | |
| 3 | Income apportioned to Nebraska (line 1 multiplied by line 2). En | nter or | n line 6, Form 1120- | SN | 3 | |
| | APPORTIONMENT FACTORS | | TOTAL | | NEBRASKA | NEBRASKA APPORTIONMENT FACTOR |
| | Sales or | Gross | Receipts | | | |
| 4 | Sales or gross receipts minus returns and allowances | 4 | | | | |
| | Sales delivered or shipped to purchasers in Nebraska: a Shipped from outside Nebraska | | | 5 a | | |
| | b Shipped from within Nebraska | | | 5 b | | |
| 6 | Sales shipped from Nebraska to the U.S. government | <u>.</u> | | 6 | | |
| 7 | a Interest on sales of tangible property | 7 a | | | | |
| | b Interest, dividends, and royalties from intangible property | 7 b | | | | |
| 8 | Gross rents | 8 | | | | |
| | Net gain on sales of intangible property | 9 | | | | |
| | property not included above | 10 | | | | |
| 11 | Other income (attach schedule) | 11 | | | | |
| | TOTAL SALES OR GROSS RECEIPTS | | l: 40 TOT:: | | | |
| 13 | Nebraska apportionment factor (divide line 12, NEBRASKA colu at least five decimal places and round to four). Enter here and of | | | | | 13 . |



S CORPORATION WITH OTHER INCOME AND DEDUCTIONS NEBRASKA SCHEDULE II — Adjustments to Ordinary Income

FORM 1120-SN

of revenue • Enter a

Read instructions
 Enter amounts from Schedule K, Federal Form 1120S

Nebraska Identification Number

24 —

| | | 24 — | |
|----------|---|-------------|-------|
| | ADJUSTMENTS INCREASING ORDINARY INCOME | | TOTAL |
| 1 | Net income from rental real estate activities | 1 | |
| · | The tribe in the first factor and the first factor | | |
| 2 | Net income from other rental activities | 2 | |
| 3 | | | |
| | a Interest income | | |
| | b Dividend income | | |
| | c Royalty income | | |
| | d Net short-term capital gain | | |
| | e Net long-term capital gain | | |
| | 1 Other portiono income | 31 | |
| 4 | Net gain under Section 1231 (other than casualty or theft) | 4 | |
| 5 | Non-Nebraska state and local bond interest and dividend income (see instructions) | 5 | |
| 6 | Bonus depreciation add-back (see instructions) | | |
| | Total federal bonus depreciation \$ x .85 = \$ Enter | | |
| 7 | Enhanced Section 179 expense deduction add-back (see instructions) Total federa | | |
| | expense deduction \$ \$25,000 = \$ Enter on lin | | |
| | zero, enter zero | | |
| 8 | Other income (attach schedule) | 8 | |
| 9 | TOTAL adjustments increasing ordinary income (total of lines 1 through 8). Enter he | | |
| | line 2, Form 1120-SN | | |
| | ADJUSTMENTS DECREASING ORDINARY INCOME | | TOTAL |
| | | | |
| 10 | Income from U.S. government obligations (see instructions) | | |
| | Notice for a sectional extension (C. 20) | 44 | |
| 11 | Net loss from rental real estate activities | 11 | |
| 12 | Net loss from other rental activities | 12 | |
| | Portfolio loss: | 12 | |
| | a Net short-term capital loss | 13 a | |
| | | | |
| | b Net long-term capital loss | 13 b | |
| | | | |
| | c Other portfolio loss | 13 c | |
| 11 | Net loss under Section 1231 | 14 | |
| 14 | Net loss under Section 1231 | 14 | |
| 15 | Other loss not included in lines 11 through 14 | 15 | |
| | v | | |
| 16 | Charitable contributions | 16 | |
| 17 | Section 179 expense deduction | 17 | |
| 17 | Section 179 expense deduction | | |
| 18 | Deductions related to portfolio income | 18 | |
| | Other deductions (attach schedule) | 10 | |
| 19 | | | |
| 19 20 | TOTAL adjustments decreasing ordinary income (total of lines 10 through 19). Ente | | |



NEBRASKA SCHEDULE III — Nonresident Shareholder's Share of Bonus Depreciation, Enhanced Section 179 Expense Deduction and Nebraska Income

• If you use this schedule, read instructions and attach this page to Form 1120-SN

FORM 1120-SN

Name as Shown on Form 1120-SN

Nebraska Identification Number

24 —

| | NAMI Name | | ESS OF EACH NONRESIDE to Other Mailing Addresses and the Mailing Addresses are the second sec | | City | | State | Zip Code |
|----|-------------------------------|--------------------------------|--|---|-----------------------------------|-------------|---|----------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| | (A) Social Security Number | (B) Percent of Ownership | (C) Nebraska Income Reported by S Corporation (Line 6, Form 1120-SN) | (D) Check if Form 12N Attached | (E) Column B Times Column C | (F) Rate | GSKA WITHHOLDING TAX (G) Tax Withheld Column E x Column F (Attach Form 14N) | |
| 1 | | | | | | 6.84% | | |
| 2 | | | | | | 6.84% | | |
| 3 | | | | | | 6.84% | | |
| 4 | | | | | | 6.84% | | |
| 5 | | | | | | 6.84% | | |
| 6 | | | | | | 6.84% | | |
| 7 | | | | | | 6.84% | | |
| 8 | | | | | | 6.84% | | |
| 9 | | | | | | 6.84% | | |
| 10 | | | | | | 6.84% | | |
| | TOTALS | | | | | | | |